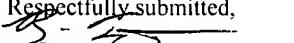
 <p><b>FEETRANSMITTAL</b> FY 2007 MAY 21 2007</p>		<i>Complete if Known</i>	
		Application Serial Number	10/706,791
		Filing Date	November 12, 2003
		First Named Inventor	Aston
		Group Art Unit	1634
		Examiner Name	Lu, Frank Wei Min
		Attorney Docket No.	WYE-076
Confirmation No.		8289	
<b>METHOD OF PAYMENT</b>		<b>FEES CALCULATION (continued)</b>	
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES Large Entity      Small Entity Fee (\$)      Fee (\$)      Fee Description      Fee Paid	
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-1721. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit. 3. <input type="checkbox"/> Applicant claims small entity status.		130      65      Surcharge - late filing fee or oath 50      25      Surcharge - late provisional filing fee or cover sheet 130      130      Non-English specification 2,520      2,520      Request for ex parte reexamination 120      60      Extension for reply within first month 450      225      Extension for reply within second month 1020      510      Extension for reply within third month 1590      795      Extension for reply within fourth month 2160      1080      Extension for reply within fifth month 500      250      Notice of Appeal 500      250      Filing a brief in support of an appeal 1000      500      Request for oral hearing 400      400      Petitions to the Commissioner (Gp. I) 200      200      Petitions to the Commissioner (Gp. II) 130      130      Petitions to the Commissioner (Gp. III) 180      180      Submission of Information Disclosure Statement 790      395      Filing a submission after final rejection (37 CFR 1.129(a)) 790      395      For each additional invention to be examined (37 CFR 1.129(b)) 100      100      Certificate of Correction for applicant's error 130      65      Submission of Terminal Disclaimer Other fee (Specify) Other fee (Specify)	
<b>FEES CALCULATION</b> 1. FILING/SEARCH/EXAM/SIZE FEES		1,020.00	
Large Entity Fee (\$)      Fee Description      Fee Paid			
300      Utility filing fee 500      Utility search fee 200      Utility exam fee 250      Utility size fee (each add'l 50 pgs. over 100) 200      Design filing fee 100      Design search fee 130      Design exam fee 250      Design size fee (each add'l 50 pgs. over 100)			
Number Filed      Number Extra      Rate      Amount			
Total Claims      - 20 =      x \$ 50.00 =			
Independent Claims      - 3 =      x \$200.00 =			
<input type="checkbox"/> Multiple Dependent Claim(s), if any      \$360.00 = <b>TOTAL:</b> <b>SMALL ENTITY DISCOUNT:</b> <b>SUBTOTAL (1)</b> <b>(\$)</b> <b>0.00</b>			
<b>2. AMENDMENT CLAIM FEES</b> Claims      Highest No.      Present      Rate      Fee Paid		<b>SUBTOTAL (3)</b> <b>(\$)</b> <b>1,810.00</b>	
Remaining      Previously      Extra After Amend.      Paid For			
Total      - =      x \$ 50.00 = Indep.      - =      x \$200.00 = <input type="checkbox"/> First Presentation of Multiple Dep. Claim      + \$360.00 =		<b>SUBTOTAL (1)</b> <b>0.00</b> <b>SUBTOTAL (2)</b> <b>0.00</b> <b>SUBTOTAL (3)</b> <b>1,810.00</b>	
<b>TOTAL:</b> <b>SMALL ENTITY DISCOUNT:</b> <b>SUBTOTAL (2)</b> <b>(\$)</b> <b>0.00</b>		<b>TOTAL</b> <b>(\$)</b> <b>1,810.00</b>	
<b>CORRESPONDENCE ADDRESS</b>		<b>SIGNATURE BLOCK</b>	
Direct all correspondence to: Patent Administrator Kirkpatrick & Lockhart Preston Gates Ellis LLP State Street Financial Center One Lincoln Street Boston, MA 02111-2950 Tel. No.: (617) 261-3100 Fax No.: (617) 261-3175		Respectfully submitted,  Brian A. Fairchild Attorney for the Applicant(s) Kirkpatrick & Lockhart Preston Gates Ellis LLP State Street Financial Center One Lincoln Street Boston, MA 02111-2950	



**TRANSMITTAL  
FORM**

**Express Mail Mailing Label No.: EV926974318US**

Application Serial Number	10/706,791
Filing Date	November 12, 2003
First Named Inventor	Aston
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Examiner Name	Lu, Frank Wei Min
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**ENCLOSURES (check all that apply)**

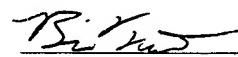
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check attached <input type="checkbox"/> Copy of Fee Transmittal Form  <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]  <input checked="" type="checkbox"/> Petition for Extension of Time  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Nonprovisional Application <input type="checkbox"/> Formal Drawing(s) <input checked="" type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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 Gates Ellis LLP  
 State Street Financial Center  
 One Lincoln Street  
 Boston, MA 02111-2950  
 Tel. No.: (617) 261-3100  
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**SIGNATURE BLOCK**

Respectfully submitted,

  
 Brian A. Fairchild  
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 Boston, MA 02111-2950